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(	CITY OR TOWN	MONTAGUE
Annual	LICENSE	ED FOR 2013
CLASS		YEAR
RZ SOCIETY		
Z SOCIETY		
STATE: MA	ZIP CODE:	01376
PE OF LICENSE: Club	CAT	ΓEGORY: All Alcohol
VEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
SES:		
s of perjury that:		
* *	•	
	_	taxes; and
r business (If not explai	n below)	
r or Authorized Corpor	ate Officer	
NE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	(Note: NOT Indivi	idual Social Security Number)
spector and the head	of the fire departme	ent for the above
	LOCAL LICENSIN	NG AUTHORITY
	By:	
	Annual CLASS CRZ SOCIETY Z SOCIETY  STATE: MA PE OF LICENSE: Club VEBSITE AND ENTER YOUR EMAIN BA D FLOOR; OPEN HALL S of perjury that: The same type for the shall laws of the Common business (If not explain the same type for the shall laws of the Common business (If not explain the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the shall laws of the Common the same type for the same ty	Annual CLASS CRZ SOCIETY Z SOCIETY  STATE: MA ZIP CODE: PE OF LICENSE: Club CAT  VEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: RST FLOOR MAIN BAR, HALL KITCHE O FLOOR; OPEN HALL AND STORAGE s of perjury that: The same type for the same premises now lith all laws of the Commonwealth relating to the sum of the commonwealth relating to the relation of the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the commonwealth relating to the same type for the same premises now lith all laws of the commonwealth relating to the same type for the same premises now lith all laws of the Commonwealth relating to the same type for the same premises now lith all laws of the commonwealth relating to the same type for the same premises now lith all laws of the commonwealth relating to the same premises now lith all laws of the commonwealth relating to the same premises now lith all laws of the commonwealth relating to the same premises now lith all laws of the same premises now lith all



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LICENSE NU	MBER: 073600003		CITY OR TOWN MONTA	GUE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: JAKE'S TAVE	ERN, INC.		
DOING BUSI	NESS A			
ADDRESS 66	AVENUE A			
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE: 01376	
MANAGER:	HOLBROOK, WILLIAM B.	TYPE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE			
LIQUOR CLO STORAGE	OSET, BAR AREA, DI	NING AREA,OUTSIDE I	DINING PATIO, CELLAR FO	OR .
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the s	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	l
3. the	premises are now oper	n for business (If not explain	in below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 1	ie above
Please Check Belo			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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LICENSE NUMBE	CR: 073600004		CITY OR TOWN MONTA	GUE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: ARGY PIZZA, IN	C.		
DOING BUSINESS	S A TURNERS FALI	LS PIZZA HOUSE		
ADDRESS 119 AV	ENUE A			
CITY/TOWN: MC	ONTAGUE	STATE: MA	ZIP CODE: 01376	
MANAGER: ARG	GY, DAVID M. TYI	PE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	SES:		
ONE LARGE ROO	M, TWO BATHROC	MS, CELLAR NOT	IN USE	
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of	the same type for the	same premises now licensed;	
2. the licen	see has complied with	all laws of the Comm	nonwealth relating to taxes; and	1
3. the prem	nises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 1	ie above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	laın)			
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 0/36000005		CITY OR TO	IWN MONTAG	IUE
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME	: BETWEEN THE	UPRIGHTS, LLC			
DOING BUSINESS	S A BETWEEN TH	E UPRIGHTS AT 2	ND STREET		
ADDRESS 23 AVI	ENUE A				
CITY/TOWN: MO	ONTAGUE	STATE: MA	ZIP COD	E: 01376	
MANAGER: CO B.	LLINS, LEWIS TY	PE OF LICENSE: F	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>:</b> :				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		_
<ol> <li>the rene</li> <li>the licen</li> </ol>	swear under penaltic wed license will be of usee has complied with hises are now open for Individual, Partne	f the same type for the the all laws of the Cor	mmonwealth relat		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA  T Individual Social	
Acts of 2004, sign	ed, attest that we ared by the building i	nspector and the he	ad of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(11 disappioved exp	nam)				
DATE:					



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LICENSE NUMB	ER: 073600006		CITY C	OR TOWN	MONTAGU	JE
APPLICATION F	OR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS	\$		,	YEAR
LICENSEE NAM	E: MONTAGUE B.P.O	. ELKS LODO	GE #2521			
DOING BUSINES	SS A					
ADDRESS 1 ELK	KS AVE					
CITY/TOWN: M	MONTAGUE	STATE:	MA ZIP	CODE:	01376	
MANAGER: Ha	astings, Kevin J. TYPE	OF LICENSE	E:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDRE	ESS		
DESCRIPTION C	OF LICENSED PREMISE	S:				
	T FLOOR, CLUB ROOM COND FLOOR, STORAC MS					ICES,
I hereby certify an	nd swear under penalties of	f perjury that:				
	newed license will be of the	• •	•			
	ensee has complied with a			•	taxes; and	
3. the pre	emises are now open for bu	isiness (If not	explain below	v)		
SIGNED BY	Individual, Partner or	r Authorized (	Corporate Offi	icer		
	marvidual, Further of	r rumorizeu c	corporate offi			
DATE:	TELEPHONE	NII IMDED.	L	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEFHONE	NUMBER.	(Ne			ecurity Number)
Acts of 2004, sig	ned, attest that we are in ned by the building insp nd (2) the certificate of li	ector and the	head of the f	ïre departn	nent for the	above
Please Check Below:			LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	<del></del>					
(If disapproved ex	iplain)					
DATE:						



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LICENSE NUMBER: 073600007		CITY OR TOWN	MONTAGUE
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THOMAS MEMOI DOING BUSINESS A ADDRESS COUNTRY CLUB LANE	RIAL GOLF & CO	UNTRY CLUB, INC	
	CTATE. MA	ZID CODE.	01276
CITY/TOWN: MONTAGUE	STATE: MA		01376
MANAGER: WHITE, BURTON TYP H.	PE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	<u> </u>
DESCRIPTION OF LICENSED PREMIS	SES:		
DINING ROOM, RECEPTION AREA W RESTROOM LOCATED IN SAME. DIN AND WEST. KITCHEN LOCATED OFF AND NINE HOLE GOLF COURSE WIT SOLD AND MOTORIZED BEVERAGE	IING ROOM WITH RECEPTION AR TH TEES 3 AND 5	H DOUBLE DOORS EACLUBHOUSE AS AREAS WHERE	LOCATED EAST E BANQUET HALL
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for th	ne same premises now	v licensed;
2. the licensee has complied with	all laws of the Con	nmonwealth relating	to taxes; and
3. the premises are now open for	business (If not exp	olain below)	
SIGNED BY Individual, Partner	or Authorized Cor	porate Officer	
DATE: TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the he	ad of the fire depart	ment for the above
Please Check Below:		LOCAL LICEN	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER:	073600008		CITY OR TOW.	N MONTAG	UE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	J.R. SALOON, LLC				
DOING BUSINESS A	. ROUTE 63 ROADI	HOUSE			
ADDRESS 32 FEDER	CAL ST.				
CITY/TOWN: MON	TAGUE	STATE: MA	ZIP CODE:	01349	
MANAGER: GERSI JESSIC		OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
TWO STORY WOOD REAR OF BLDG.2ND 1.82 ACRES OF LAN	FL. LEFT SIDE OU	JTSIDE EXIT, OU	TDOOR METAL	L STAIRS,SITT	
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	d license will be of the	e same type for the	same premises no	ow licensed;	
	has complied with al		`	g to taxes; and	
3. the premise	es are now open for bu	usiness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	r Authorized Corpo	orate Officer		
	morridadi, rarinor or	. Hamorized Corpe	rate officer		
DATE:	TELEPHONE	NI IMRED:	EMPLOY	YER IDENTIFICAT	TION NUMBER:
	TEELIHOIVE	NUMBER.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the head	l of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
					<del></del>
DATE:					



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LICENSE NUI	MBER: 073600010	(	CITY OR TOWN MONTAG	<del>j</del> UE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: ST. STANIS	LAUS B &M SOCIETY, IN	C.	
DOING BUSIN	NESS A			
ADDRESS 6 K	K ST.			
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE: 01376	
MANAGER:	BRODERICK, RICHARD T.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PR			
	S. FIRST FLOOR B <i>I</i> AR FOR STORAGE	AR AND LOUNGE. SECON	ID FLOOR KITCHEN AND I	MEETING
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the	licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpora	ate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head o	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
			-	
DATE:			-	



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LICENSE NUMBER	R: 073600011		CITY OR TOWN	MONTAGUE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINESS	MILLERS FALLS A TURNERS FALLS R		, INC.	
CITY/TOWN: MO	NTAGUE	STATE: MA	ZIP CODE:	01376
MANAGER: HAR	RDY ,PAUL F. TYP	E OF LICENSE: Clu	b CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	CBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
ENTRANCE AND I ATTACHED TO M.	EXIT ROAD. CLUB I AIN BUILDING	ROOM,KITCHEN,C	OUTSIDE BAR ANI	D PAVILLION, ALL
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of t	the same type for the	same premises now	licensed;
	see has complied with sees are now open for		ě	o taxes; and
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the head	l of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	aın)			
D + FF				
DATE:				



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LICENSE NUMBER: 073600013	(	CITY OR TOWN MONTAGUE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TURNERS FALL DOING BUSINESS A ADDRESS 15 DEEP HOLE DRIVE	S ROD & GUN CLUB	, INC.
CITY/TOWN: MONTAGUE	STATE: MA	ZIP CODE: 01376
	PE OF LICENSE: Club	
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREMI ONE FLOOR, MAIN ROOM,PORCH,P I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	AVILLION s of perjury that: the same type for the s h all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and
SIGNED BY Individual, Partner	r or Authorized Corpor	ate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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00015		CITY OR TOWN N	IONTAGUE
EWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
al Spring Investmen	ts, LLC		
LER'S PUB			
N ST			
UE ST	TATE: MA	ZIP CODE:	01349
lmund TYPE OF	LICENSE: Rest	aurant CAT	EGORY: All Alcohol
LSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS	
SED PREMISES:			
OOR USED FOR BATORAGE	AR AND GRIL	L AND COCKTAIL I	LOUNGE,2
nder penalties of per	jury that:		
nse will be of the sar	ne type for the	same premises now lic	ensed;
complied with all lav	vs of the Comm	onwealth relating to ta	axes; and
now open for busine	ess (If not expla	in below)	
idual, Partner or Au	thorized Corpor	ate Officer	
		EMPLOYED ID	ENTERED ATTION AND DEP
TELEPHONE NUI	MBER:		ENTIFICATION NUMBER: lual Social Security Number)
		,	······································
e building inspecto	r and the head	of the fire departmen	nt for the above
		LOCAL LICENSIN	G AUTHORITY
		By:	
		-	
	al Spring Investment LER'S PUB UST UE ST Imund TYPE OF LISO VISIT OUR WEBSITE A SED PREMISES: DOR USED FOR BA TORAGE Inder penalties of per inse will be of the sar complied with all lav mow open for busines idual, Partner or Au  TELEPHONE NUM  t that we are in pose building inspector	CLASS al Spring Investments, LLC LLER'S PUB UST  JE STATE: MA Imund TYPE OF LICENSE: Rest LSO VISIT OUR WEBSITE AND ENTER YOUR EM. SED PREMISES: DOR USED FOR BAR AND GRILL TORAGE Inder penalties of perjury that: Inse will be of the same type for the secomplied with all laws of the Common ow open for business (If not explain idual, Partner or Authorized Corporate TELEPHONE NUMBER:  It that we are in possession (1) the explain inspector and the head	CLASS al Spring Investments, LLC LER'S PUB IST  JE STATE: MA ZIP CODE: (Imund TYPE OF LICENSE: Restaurant CAT  LSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: DOR USED FOR BAR AND GRILL AND COCKTAIL IST CORAGE Inder penalties of perjury that: Inse will be of the same type for the same premises now lice complied with all laws of the Commonwealth relating to take the compose of the same state of the same of the same premises of the same of the



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 0/3600016		CITY OR TOWN MON	TAGUE
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSIN	NESS A FOOD CIT	RIVER CORPORATION Y		
ADDRESS 250	0 AVENUE A			
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE: 0137	6
MANAGER:	STEINER, JONATHAN	TYPE OF LICENSE:P.	ackage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	FOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
250 AVENUE	A, ONE FLOOR SA	ALES AREA, STORAGE	AREA	
	premises are now op	en for business (If not expenses)		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: cocial Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AND By:	UTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	73600017		Cľ	ΓY OR TOWN	MONTAG	UE
APPLICATION FOR R	ENEWAL:	Annu	al	LICEN	SED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: G DOING BUSINESS A			M. CALL			
ADDRESS 68 UNITY	ST					
CITY/TOWN: MONT	AGUE	STATE:	MA	ZIP CODE:	01376	
MANAGER:	TYPI	E OF LICEN	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEE	SITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISI	ES:				
ONE FLOOR, TWO RO AND ONE ROOM FOR		AR. CELLA	R NOT US	SED. ONE ROO	M FOR STO	RAGE
I hereby certify and swe	ar under penalties o	of perjury tha	t:			
1. the renewed	license will be of th	ne same type	for the sam	ne premises now	licensed;	
2. the licensee l	nas complied with a	all laws of the	Common	wealth relating to	taxes; and	
3. the premises	are now open for b	ousiness (If no	ot explain b	pelow)		
SIGNED BY						
I	ndividual, Partner o	or Authorized	l Corporate	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			Ţ	OCAL LICENS	ING AUTHO	)DITV
APPROVED:				sy:	ING ACTIN	JKIT I
DISAPPROVED:				.,,.		
(If disapproved explain)			-			
			=			
DATE			=			
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/360	00018	CITY OR TOWN MONTA	GUE
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SAM	YONG SONG		
DOING BUSINESS A MO	NTAGUE MINI MART		
ADDRESS 60 MAIN ST			
CITY/TOWN: MONTAGE	JE STATE: MA	ZIP CODE: 01351	
MANAGER:	TYPE OF LICENSE: P	cackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
ONE FLOOR, THREE ROO	OMS, LAVATORY, CELLAR F	OR STORAGE	
3. the premises are SIGNED BY	now open for business (If not expidual, Partner or Authorized Cor		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 073600019		CITY OR TOWN	MONTAG	UE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: Sahirat LLC				
DOING BUSI	NESS A carroll's mar	rket			
ADDRESS 33	EAST MAIN ST				
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE:	01349	
MANAGER:	patel, vidyaben	TYPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	N OF LICENSED PR				
ONE FLOOR	WITH CELLAR. WO	OOD FRAME BUILDIN	IG PLUS ELEVATED	STORAGE	ROOM
I hereby certify	and swear under pen	nalties of perjury that:			
		be of the same type for t	=		
	•	d with all laws of the Co	_	taxes; and	
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	HONE NUMBER:			TION NUMBER:
			(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:073600024		CITYOR	IOWN	MONTAG	UE	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	)13	
		CLASS				YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 59 AVEN	A JAY K'S	VENTURES,IN	C.				
CITY/TOWN: MON	TAGUE	STATE: MA	ZIP CO	ODE:	01376		
MANAGER: WINT	TERS,MELISS TYPE	E OF LICENSE:P	ackage Store	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS			_	
DESCRIPTION OF L							
ONE ROOM FOR ST	ORAGE. ONE ROO	M FOR SALES					
	e has complied with a es are now open for b  Individual, Partner o	usiness (If not exp	plain below)		o taxes; and		_
	marviduai, i artiici c	n munorized cor	porate Officer				
DATE:	TELEPHONE	NUMBER:				TION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENS	SING AUTH	ORITY	
DATE:							



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LICENSE NUMBER:	073600029		CITY OR TO	WN MONTAG	UE
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LADY KILLIGRE	EW CAFÉ INC.			
DOING BUSINESS A					
ADDRESS 444 GREE					
CITY/TOWN: MON		STATE: MA	ZIP CODE	E: 01351	
					****
MANAGER: MAJK	A, KENNETHIY	PE OF LICENSE: Res	staurant	CATEGORY:	Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
TWO ROOMS ON G AREA, ONE AREA I THROUGH TWO SE EXIT THROUGH MA	DEVOTED TO SEA PARATE DOORS	ATING SPACE; CON ; ONE STREET ENT	NECTED TO I RANCE/EXIT;	MAIN BUILDIN	NG
I hereby certify and sv	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises	now licensed;	
2. the licensee	e has complied with	h all laws of the Comm	nonwealth relati	ing to taxes; and	
3. the premise	es are now open for	business (If not expla	ain below)		
SIGNED BY  DATE:		r or Authorized Corpo		OYER IDENTIFICAT	TION NUMBER:
	TEEET HOT	VE IVONIBER.	(Note: NO'	$\underline{\Gamma}$ Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the head	l of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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LICENSE NUMBE	R: 073600030		CITY OR TOWN M	ONTAGUE
APPLICATION FO	R RENEWAL:	Annual	LICENSEL	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE NIGHT K	ITCHEN, INC.		
DOING BUSINESS	A THE NIGHT	KITCHEN		
ADDRESS 440 GR	EENFIELD ROA	D		
CITY/TOWN: MC	NTAGUE	STATE: MA	ZIP CODE: 0	1351
MANAGER: BRO	DDY, MAX	TYPE OF LICENSE: Re	staurant CATE	EGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
RD., MAIN ENTRA	ANCE ON TOP L	VELS OF MONTAGUE EVEL WITH ALTERN. E EXIT ON UPPER LE	ATE DOOR ON TOP L	EVEL. FIRE EXIT
I hereby certify and	swear under pena	lties of perjury that:		
1. the renev	ved license will be	e of the same type for the	e same premises now lice	ensed;
2. the licens	see has complied	with all laws of the Com	monwealth relating to tax	xes; and
3. the prem	ises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual Day	tner or Authorized Corp	oroto Officer	
	marviduai, Fai	ther of Authorized Corp	orate Officer	
DATE:	TELEDI	IONE NUMBER	EMPLOYER IDE	ENTIFICATION NUMBER:
2112	TELEPH	IONE NUMBER:		ual Social Security Number)
Acts of 2004, signe	ed by the building	are in possession (1) the ginspector and the heaste of liquor liability insu	d of the fire departmen	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	am)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	:073600031		CITY OR TOWN	1 MONTAG	UE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WALTER L. WILLIAM	MS			
DOING BUSINESS A	A EQUI'S STORE				
ADDRESS 125 AVE	NUE A				
CITY/TOWN: MON	TAGUE	STATE: MA	ZIP CODE:	01376	
	IAMS, TYPE Ο ΓER L.	F LICENSE: Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	IN FRONT, EMERGEI MENTS ON SECOND A			1, CELLAR F	OR
2. the license	d license will be of the see has complied with all less are now open for busi	aws of the Com	monwealth relating		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0	73600033		CIT	Y OR TOWN	MONTAG	UE
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: R	ISTORANTE DI	PAOLO, INC				
DOING BUSINESS A	RISTORANTE I	OIPAOLO				
ADDRESS 166 AVENU	JE A					
CITY/TOWN: MONT	AGUE	STATE:	MA Z	ZIP CODE:	01376	
MANAGER: DIPAOI	LO, DENISE TY	PE OF LICEN	SE:Restaura	nt (	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR W		YOUR EMAIL AI	DDRESS		
DESCRIPTION OF LIC SINGLE STORY BRIC FULLY ENCLOSED PA	K BUILDING, 2		, SIDE AND	O REAR ENT	TRANCE. OU	TDOOR
2. the licensee l 3. the premises  SIGNED BY	license will be of has complied with are now open for nowindividual, Partner	the same type a all laws of the business (If no	for the same Commonwe ot explain be	ealth relating low)		
-	irai viaudi, i di tiloi	or rumonzou	Corporate	3111001		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and th	e head of th	ne fire depar	tment for the	above
Please Check Below:			LC	CAL LICEN	ISING AUTH	ORITY
APPROVED:			Ву	:		
DISAPPROVED: (If disapproved explain)	1		_			
(11 disapprovou explain)						
DATE			_			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600034	(	CITY OR TOWN MONTAGUE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ROCKET SCIEN	CE, LLC	
DOING BUSINESS A THE RENDEZV	'OUS	
ADDRESS 78 THIRD STREET		
CITY/TOWN: MONTAGUE	STATE: MA	ZIP CODE: 01376
MANAGER: WISNEWSKI, TY MARK P.	PE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMI	SES:	
2 STORY WOOD FRAME BLDG.ON FAREA, DINING AREA, FRONT AREA APARTMENT ON 2ND FLOOR 5 ENT	, 2 BATHROOMS, CE	LLSR FOR STORAGE, AN
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	• •	•
2. the licensee has complied with		
3. the premises are now open for	r business (If not explain	n below)
SIGNED BY  Individual Partne	r or Authorized Corpora	ate Officer
maryidadi, Farme	r of riddioffzed Corpore	ale officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELETHO	NE NOMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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	CITY OR TOWN MONTAG	iUE
Annual	LICENSED FOR 2	013
CLASS		YEAR
RTIES LLC		
E INN		
STATE: MA	ZIP CODE: 01376	
TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
EMISES:		
1ST FLOOR-BAR,KITCH	IEN AND LOUNGE.ONE RO	OM
lties of perjury that:		
e of the same type for the s	ame premises now licensed;	
with all laws of the Commo	onwealth relating to taxes; and	
for business (If not explai	n below)	
tner or Authorized Corpor	ate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICA'	
	(Note: 1101) Individual Social (	security Number)
g inspector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	ORITY
	By:	
	Annual CLASS RTIES LLC EINN  STATE: MA TYPE OF LICENSE: Rest UR WEBSITE AND ENTER YOUR EM/ EMISES: 1ST FLOOR-BAR, KITCH Ities of perjury that: e of the same type for the s with all laws of the Common for business (If not explain extreme or Authorized Corporation of the Second C	CLASS  RTIES LLC E INN  STATE: MA ZIP CODE: 01376  TYPE OF LICENSE: Restaurant CATEGORY:  UR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES:  1ST FLOOR-BAR, KITCHEN AND LOUNGE. ONE RO  Ities of perjury that:  e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and a for business (If not explain below)  There or Authorized Corporate Officer  HONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social in the present of the p



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LICENSE NUMI	BER: 0/3600036	•	CITY OR TOWN MONTA	NGUE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: JOHN M. KEATII ESS A BURRITO ROJO			
ADDRESS 50 T	HIRD STREET			
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE: 01376	
MANAGER: K	EATING, JOHN TY I.	PE OF LICENSE: Resta	aurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
COMMERCIAL ON THE ADDIT	RESIDENTIAL ROW	BUILDINGTHE M. FWO ADDITIONAL E	TION TO A THREE STOR AIN AND COMMON ENTF ENTRANCES/EXITS ARE C HE KITCHEN	RANCE IS
I hereby certify a	nd swear under penaltie	s of perjury that:		
1. the real	newed license will be of	the same type for the s	ame premises now licensed;	
2. the lic	ensee has complied with	all laws of the Commo	onwealth relating to taxes; an	ıd
3. the pr	emises are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partne	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, sig	gned by the building in	spector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENSING AUT By:	THORITY
**				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 073600039		CITY OR TOW	N MONTAG	UE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS			ICATESSEN		
ADDRESS 52 AVEN	IUE A				
CITY/TOWN: MON	NTAGUE	STATE: MA	ZIP CODE:	01376	
MANAGER: EKUS	S, LESLIE TYI	PE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
CORNER SHOP API MERCHANDISE AF SECOND STREET ACCESSIBLEBELI	REATWO ENTRA BACK DOOR IS V	ANCES OFF CORN ISIBLE FROM PR	ER OF AVENUE EP AREA AN HA	A AND OFF O ANDICAP	)F
2. the license	ed license will be of the has complied with the es are now open for	the same type for the all laws of the Com	monwealth relatir		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 073600040			CITY OR TOWN MONTAGUE			
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013			
		CLASS		•	YEAR	
LICENSEE NA	AME: PAMELA TIERNE	Y				
DOING BUSIN	NESS A BLACK COW BU	JRGER				
ADDRESS 125	5 AVENUE A					
CITY/TOWN:	MONTAGUE	STATE: MA	ZIP CODE:	01376		
MANAGER:	TIERNEY, TYP PAMELA	E OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS			
DESCRIPTION	N OF LICENSED PREMIS	ES:				
BACK ENTRA	OF A FRONT ENTRANC ANCE/EXIT OFF KITCHE OTHS, TABLES AND BA	N. DINING AREA W	VILL SEAT UNDE	R 46 PERSO	NS TO	
I hereby certify	and swear under penalties	of perjury that:				
1. the	renewed license will be of t	he same type for the s	ame premises now	licensed;		
	licensee has complied with		=	taxes; and		
3. the	premises are now open for l	ousiness (If not explai	n below)			
SIGNED BY						
	Individual, Partner	or Authorized Corpor	rate Officer			
DATE.						
DATE: TELEPHONE N		E NUMBER:		ER IDENTIFICATION NUMBER: Individual Social Security Number)		
			(1 totel <u>1 to 1</u> ma	vidual Bocial Be	curry (vamoer)	
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the head	of the fire departn	nent for the a	above	
Please Check Belo			LOCAL LICENS	ING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVE (If disapproved						
(11 GISUPPIO VCC	pium)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 073600041		CITY OR TOWN MONTAGUE			
APPLICATION FO	R RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS		YEAR		
DOING BUSINESS		NC				
ADDRESS 7 avenue						
CITY/TOWN: MC	ONTAGUE	STATE: MA	ZIP CODE: 01376			
MANAGER: garb	oiel ii, charles j. TY	PE OF LICENSE: Re	staurant CATEGORY	Y: Wine and Malt Regular		
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS			
	LICENSED PREMI					
			nd rear exit. The layout of seati seater booths. The capacity is			
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renev	ved license will be of	the same type for the	same premises now licensed;			
2. the licens	see has complied with	h all laws of the Com	nonwealth relating to taxes; an	d		
3. the prem	ises are now open for	business (If not expl	ain below)			
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer			
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia			
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Cha d of the fire department for t rance required by Chapter 1	he above		
Please Check Below: APPROVED:			LOCAL LICENSING AUT By:	HORITY		
DISAPPROVED: (If disapproved expl	lain)					
DATE:			-			